

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Sparkle Ceilings, Inc.  
BUSINESS STREET ADDRESS: 14510 S.W. 24 St. Davie ZIP 33325  
BUSINESS MAILING ADDRESS: 14510 S.W. 24 St. Davie ZIP 33325  
BUSINESS PHONE: (954) 484-8436  
DESCRIBE TYPE OF BUSINESS: textured ceiling repair + spray  
BUSINESS IS: Corporation ☒ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Joan Rutan</u>	<u>14510 SW 24 St</u>	<u>Davie 33325</u>	<u>(954) 474-1642</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number \_\_\_\_\_ (Sparkle Ceilings, Inc.)

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2003, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

Joan Rutan, pres.

Print Owner or Officers Name and Title

Joan Rutan

Signature of Owner or Officer

Office Use Only: Date <u>10/10/02</u>		Category <u>05807</u>	Fee Exempt per Sec. 13-13 _____	Fee <u>82.69</u>	Rec# _____	New <input checked="" type="checkbox"/> Trans _____
License # <u>03-17499</u>		Control # <u>14456</u>		Zoning <u>R-1</u>		
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____		Zoning Approval <u>Yes</u>		Date <u>10/17/02</u>		
Town Council Date _____		Approved _____		Denied _____		
Tabled To _____		Approved _____		Denied _____		
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____						

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

phone mail only